

Unannounced Care Inspection Report 17 October 2017



Rowandale

Type of Service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH
Tel No: 02828885543
Inspector: John McAuley

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care homewith 15 beds that provides care for residents for categories of care as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Lynn McKillop Ltd Responsible Individual(s): Feargal Lynn	Registered Manager: Feargal Lynn
Person in charge at the time of inspection: Feargal Lynn	Date manager registered: 9 May 2011
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 15

4.0 Inspection summary

An unannounced care inspection took place on 17 October 2017 from 10:30 to 13:30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to adult safeguarding, infection prevention and control, communication between residents, staff and other key stakeholders. Evidence of good practice was also found in relation to general observations of care practices and maintenance of good working relationships.

Areas requiring improvement were identified in relation to staff training records, risk assessments for wardrobes and window restrictors, falls risk assessments and acting on agreed actions from care review meetings.

Feedback from residents throughout this inspection was all positive in respect of their life in the home, their relation with staff and the provision of meals.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Feargal Lynn, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP, notifiable events and communications received since the previous care inspection.

During the inspection the inspector met with 12 residents, four staff and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Staff recruitment file(s)
- Two residents' care files
- Residents' progress records
- Complaints and compliments records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 April 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4)(b) Stated: First time	The registered provider must individually risk assess residents who smoke in accordance with current guidelines on smoking, with subsequent appropriate action taken.	Met
	Action taken as confirmed during the inspection: An individualised risk assessment has been put in place.	
Area for improvement 1 Ref: Regulation 27 (4)(e) Stated: First time	The registered provider must ensure all staff in the home are in receipt of fire safety drills training.	Met
	Action taken as confirmed during the inspection: Inspection of fire safety records confirmed that all staff are in receipt of fire safety drills training.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: Firsttime	The registered provider should submit an action plan with timescales to the home's aligned estates inspector detailing how the recommendations from the fire safety risk dated April 2017 will be dealt with.	Met
	Action taken as confirmed during the inspection: This action plan was submitted to RQIA.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff indicated that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff advised that mandatory training staff was regularly provided. However the record of staff training was not recorded on an up-to-date basis nor was it recorded in accordance with standards. This has been identified as an issue of improvement.

The registered manager and staff advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and inspection of one staff member's personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The home's infection prevention and control (IPC) policy and procedure were in line with regional guidelines. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy throughout. A programme of upgrading of furnishings had been put in place. This included replacement of wardrobes, drawers and dining room furnishings. This is to be commended. The home was appropriately heated.

Areas of improvement in accordance with legislation were identified with free standing wardrobes and a broken window restrictor. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated April 2017. The four recommendations from this assessment were reported to the home's aligned estates inspector as addressed. Advice was given in relation to actual recording confirmation of actions taken in the assessment. This would ease the process of auditing.

Inspection of fire safety records confirmed that staff completed fire safety training and drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to adult safeguarding and infection prevention and control.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to staff training records and risk assessments for wardrobes and window restrictors.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of two residents' care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. However risk assessments in relation to falls were not maintained in a regular and up-to-date basis. This has been identified as an issue of improvement with standards.

The care records also reflected the multi-professional input into the residents' health and social care needs. An issue of improvement in accordance with legislation was identified with inspection with one resident's care records pertaining to their care review. This record identified four areas of assessed need that required care planning for, but there was no corresponding evidence that this had been acted upon. The assessed needs related to nutrition, social, spiritual and falls which were out of date or not in place. Advice was given in ensuring these matters are acted on.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced staffs knowledge and understanding of individual residents’ needs, such as nutritional likes and dislikes.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and key stakeholders.

An inspection of residents’ progress records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to maintaining up-to-date falls risk assessments and acting on agreed actions from care review meetings.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. One resident had been caring for as such. Discussions with the registered manager and staff confirmed that appropriate safe, compassionate care was in place in consultation with the visiting healthcare professional(s).

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced in the inspection of care records. Issues such as pain or discomfort had a recorded statement of care / treatment given with effect of same.

The registered manager and residents confirmed that consent was sought in relation to care and treatment.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Interactions with residents were found to be polite, warm, friendly and supportive.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Observations of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. These included care interventions with nutrition and comfort.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, quality assurance audits and day to day contact with management.

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as:

- "I love it here. The food is lovely and the staff all know what I like. There are no problems"
- "The staff are all friendly and very kind"
- "It's a wonderful home. They really look after you well here"
- "This is a nice home here. We all get on well"

Discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were enjoying the company of one another, watching television or resting. The home had a nice relaxed ambience. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from residents and staff, and observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and leaflets displayed. Discussion with the registered manager confirmed that he was knowledgeable about how to receive and deal with complaints.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. However as detailed in 6.4 of this report, an issue of improvement has been identified with maintaining an accurate record of staff training.

Staff spoke positively about their roles and duties, stating that they felt they were provided with good training, supervision and support to fulfil same.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Discussion with the registered manager identified that he had good understanding of the legislation and standards.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that appropriate support would be made available.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to governance arrangements and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Feargal Lynn, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: Firsttime To be completed by: 25 October 2017	<p>The registered person shall risk assess in accordance with current safety guidance with subsequent appropriate actions;</p> <ul style="list-style-type: none"> • All free standing wardrobes • All window restrictors <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All newly supplied wardrobes are now secured to wall and "at risk" windows have restrictors in place</p>
Area for improvement 2 Ref: Regulation 16(1) Stated: Firsttime To be completed by: 17 January 2018	<p>The registered person shall ensure agreed actions from care review meetings are acted upon. Reference to this is made in ensuring care plans based on assessed needs are put in place and maintained on an up-to-date basis.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Care plans and reviews are up to date and systems in place to ensure review action points are implemented and documented accordingly</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.6 Stated: First time To be completed by: 17 November 2017	<p>The registered person shall ensure that the record of staff training is maintained in an up-to-date basis with;</p> <ul style="list-style-type: none"> • The name and qualifications of the trainer or training agency • The date and time of the training • The contents of the training provided • The names and signatures of staff who received the training. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The current method of recording staff training has been amended</p>

<p>Area for improvement 2</p> <p>Ref: Standard 5.5</p> <p>Stated:Firsttime</p>	<p>The registered person shall ensure that risk assessments in relation to falls are maintained in a regular and up-to-date basis with subsequent appropriate actions.</p> <p>Ref: 6.5</p>
<p>To be completed by:17 November 2017</p>	<p>Response by registered person detailing the actions taken: All Falls Risk Assessments are up to date and systems in place to ensure these are maintained.</p>



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews